

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51		/						
2	/	/					52								
3	/	/					53								
4	/	/					54								
5	/	/					55								
6	/	/					56								
7	/	/					57								
8	/	/					58								
9	/	/					59								
10	/	/					60								
11	/	/					61								
12	/	/					62								
13	/	/					63								
14	/	/					64								
15	/	/					65								
16	/	/					66								
17	/	/					67								
18	/	/					68								
19	/	/					69								
20	/	/					70								
21	/	/					71								
22	/	/					72								
23	/	/					73								
24	/	/					74								
25	/	/					75								
26	/	/					76								
27	/	/					77								
28	/	/					78								
29	/	/					79								
30	/	/					80								
31	/	/					81								
32	/	/					82								
33	/	/					83								
34	/	/					84								
35	/	/					85								
36	/	/					86								
37	/	/					87								
38	/	/					88								
39	/	/					89								
40	/	/					90								
41	/	/					91								
42	/	/					92								
43	/	/					93								
44	/	/					94								
45	/	/					95								
46	/	/					96								
47	/	/					97								
48	/	/					98								
49	/	/					99								
50	/	/					100								
TOTAL IND.	14	1					TOTAL IND.								
TOTAL DEP.	48						TOTAL DEP.								
TOTAL CLAIMS	52						TOTAL CLAIMS								